

(Being Denied Access To The Court)

JUL 30 2003
 SAMUEL L. KAY, CLERK HARRISON COUNTY
 District & Bankruptcy Courts
 District of West Virginia

CASE NO. 97-F-132-1

DEAR Judge :

- 1- my NAME IS KENNY D. SAYRE, AS I AM doing A LIFE SENTENCE FROM HARRISON COUNTY, WVA. IN CASE NO. 97-F-132-1,
- 2- my COMPLAINT IS AS FOLLOWS - ON JULY 7 - 2003, I FILED A ONE GROUND WRIT OF HABEAS CORPUS. WITH THE WVA. STATE SUPREME COURT, ASKING THEM TO TAKE ORIGINAL JURISDICTION ON SAID HABEAS,
- 3- THE CLERK HAS FAILED TO SEND ME A CASE NUMBER ON SAID PETITION THAT I FILED ON JULY 7 - 2003, AS I WROTE A NUMBER OF LETTERS ASK FOR my CASE NUMBER AND WITHOUT A CASE NUMBER, AS I AM BEING DENIED ACCESS TO THE COURTS AND THE CLERK WON'T EVEN RESPOND TO my LETTERS FOR A CASE NUMBER,
- 4- Judge - I AM sending you A COPY OF A CERTIFIED MAIL RECEIPT FOR PROOF THE CLERK RECEIVED my HABEAS, AS I PAID 7 DOLLARS AND 90 CENTS FOR my CERTIFIED MAIL FROM M.D.C.C. MT OLIVE, WVA.
- 5- I AM ASKING FOR A INVESTIGATION INTO THIS SERIOUS MATTER AS I AM A PRO SE PERSON WHO IS BEING DENIED ACCESS TO THE COURT AND A INJUSTICE FOR ONE IS A THREAT TO ALL IN THIS LEGAL SYSTEM.

DATE - JULY 28, 2003

Kenny Drew Sayre
 AS PRO SE
 Reg NO. 24022
 M.D.C.C. MT OLIVE, WVA. 2512

Filed, 7-8-03

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4. If Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <i>[Signature]</i> <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Date of Delivery JUL 08 2003</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <i>Office of the Clerk WV State Supreme Ct 1900 Kanawha Blvd Charleston, WV 25305</i></p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>(Transfer from service label)</i> 7002 3150 0000 3936 9385</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, August 2001 Domestic Return Receipt 102585-02-M-1540

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U.S. Postal Service
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For delivery information visit our website at www.usps.com

Kenny OFFICIAL *W. OLIVE ST. & BROTHERS WAY*

Postage	\$ 3.85
Certified Fee	2.30
Return Receipt Fee (Endorsement Required)	1.75
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.90

USPS

Sent To *Office of Clerk of the Court WV Supreme Ct*
Street, Apt. No. *1900 Kanawha Blvd*
or PO Box No. *1900 Kanawha Blvd*
City, State, ZIP+4 *Charleston, WV 25305*

PS Form 3800, June 2002 See Reverse for Instructions